

Department of State

Pt. 62, App. C

INSTRUCTIONS FOR ALL PROGRAMS

If additional space is needed in supplying answers to any questions, please use continuation sheets on plain white paper.

1-3. Names and addresses of organization and telephone numbers.

4. Select type of application.

5. Select appropriate categories (see 22 CFR prior to filling out this data).

6-7. Complete information on program sponsor.

8-11. Complete information on program.

IF TRAINING PROGRAM, identify appropriate fields: 01—Arts & Culture; 02—Information Media and Communications; 03—Education; 04—Business and Commercial; 05—Banking and Financial; 06—Aviation; 07—Science, Mechanical and Industrial; 08—Construction and Building Trades; 09—Agricultural; 10—Public Administration; 11—Training, Other

Reapplication and Redesignation:

If your organization is making reapplication as an exchange visitor program, or applying for redesignation under 22 CFR ___, please certify to the following:

I hereby certify that as an officer of the organization making application for an exchange program under 22 CFR ___ or 22 CFR ___ that the following documents which have been submitted to the Department of State, Exchange Visitor Program Services, remain in effect and not altered in any way:

(1) Legal status as a corporation such as Articles of Incorporation and By Laws. Provide dates and state of both: _____

(2) Accreditation. Provide date, type of accreditation, and State of accreditation: _____

(3) Evidence of Licensure. Provide date, type of license, and state of licensure: _____

(4) Authorization of governing body authorizing application. Please provide date of such authorization and authorizing body: _____

(5) Activities in which the organization has been engaged have not changed since application dated: _____

(6) Citizenship. Provide the date of compliance with citizenship requirements: _____. If citizenship compliance is not current, please complete the following:

Organization: I hereby certify that I am an officer of _____ with the title of _____; that I am authorized by the (Board of Directors, Trustees, etc.) to sign this certification and bind _____; and that a true copy certified by the (Board of Directors, Trustees, etc.) of such authorization is attached. I further certify that _____ is a citizen of the United States as that term is defined at 22 CFR 514.1.

Responsible Officer or Alternate Responsible Officer: I hereby certify that I am the responsible officer (or alternate responsible officer) for _____, and that I am a citizen of

the United States (or a person lawfully admitted to the United States for permanent residence. _____ agrees that my inability to substantiate my citizenship or status as a permanent resident will result in the immediate withdrawal of its designation and immediate return of or accounting for all IAP-66 forms transferred to it.

Certification as to (1)–(6) Requirements:

I understand that false certification may subject me to criminal prosecution under 18 U.S.C. 1001, which reads: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme or device a material fact or makes any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

Signed in ink by (Name) _____

Title _____

Subscribed and sworn to before me this _____ day of _____, 19____.

Notary Public

Department of State Use Only

Type of program: _____

Subtype if applicable: _____

No. Forms IAP-66: _____

Categories: _____

Please return form to:

Exchange Visitor Program Services-GC/V,
Department of State, Washington, DC 20547

NOTE: Public reporting burden for this collection of information (Paperwork Reduction Project: OMB No. 3116-0011) is estimated to average ___ minutes/hours per response, including time for reviewing instructions, researching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of State Clearance Officer, M/ASP, Department of State, 301 4th Street, SW., Washington, DC 20547; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

APPENDIX C TO PART 62—UPDATE OF INFORMATION ON EXCHANGE-VISITOR PROGRAM SPONSOR

Please amend the Department of State records for Exchange-Visitor

Program Number _____

assigned to _____ as follows:

(Name of institution/organization)

1. Change the name of the Program Sponsor

Pt. 62, App. D

22 CFR Ch. I (4-1-12 Edition)

from the above to _____

2. Change the address of the Program Sponsor

From: _____

(city) (state) (zip)

To: _____

(city) (state) (zip)

3. () Change the telephone number from _____ to _____

() Change the fax number from _____ to _____

4. () Change the name of the Responsible Officer of the above program from _____ to _____

5. a. Delete the following Alternate Responsible Officer:

5. b. Add the following Alternate Responsible Officer:

(Citizenship is required for all Responsible and Alternate Responsible Officers-See Reverse)

6. () Send _____ (indicate number) IAP-66 forms. (PLEASE ALLOW FOUR TO SIX WEEKS FOR RESPONSE AND REMEMBER TO SUBMIT THE ANNUAL REPORT)

7. () Send _____ copies of this form.

8. () Send _____ copies of *Codes for Educational and Cultural Exchange*.

9. () Cancel the above named Exchange Visitor Program.

(Signature of Responsible or Alternate Responsible Officer)

(Date)

(Title of Signing Officer)

(A) STATISTICAL REPORT

(1) ACTIVITY BY CATEGORY

Number

Professor _____

Research Scholar _____

Short-term Scholar _____

Trainee _____

Student (College and University) _____

Student (Practical Trainee) _____

Teacher _____

Student (Secondary) _____

Specialists _____

Physicians _____

International Visitors _____

Government Visitors _____

Camp Counselors _____

Total _____

(2) Forms IAP-66 Reconciliation

(i) Number of Forms IAP-66 voided or otherwise not used by participant _____.

(ii) Number of Forms IAP-66 issued for dependents _____.

(iii) Number of Forms IAP-66 currently on hand _____.

(B) PROGRAM EVALUATION

On a separate sheet, please provide a brief narrative report on program activity, difficulties encountered and their resolution, program transfers, anticipated growth and the proposed new activity, cross-cultural activities, as well as the reciprocal component of the program.

I, The Responsible Officer of the program indicated above, certify that we have complied with the insurance requirement (22 CFR 514.14). I also certify that the information contained in this report is complete and correct to the best of my knowledge and belief.

Responsible Officer (signed) _____

Date _____

Name and address of sponsoring institution _____

APPENDIX E TO PART 62—UNSKILLED OCCUPATIONS

For purposes of 22 CFR 514.22(c)(1), the following are considered to be “unskilled occupations”:

- (1) Assemblers
- (2) Attendants, Parking Lot
- (3) Attendants (Service Workers such as Personal Services Attendants, Amusement and Recreation Service Attendants)
- (4) Automobile Service Station Attendants
- (5) Bartenders
- (6) Bookkeepers
- (7) Caretakers

APPENDIX D TO PART 62—ANNUAL REPORT—EXCHANGE VISITOR PROGRAM SERVICES (GC/V), DEPARTMENT OF STATE, WASHINGTON, DC 20547, (202-401-7964)

Exchange Visitor Program No. _____ Reporting Period _____ Provide Range of Forms IAP-66 Documents Covered by this Report (_____ - _____).